

# Wisconsin Department of Regulation & Licensing

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## EXAMINING BOARD OF PROFESSIONAL GEOLOGIST, HYDROLOGIST & SOIL SCIENTISTS

### APPLICANT APPRAISAL FORM FOR REINSTATEMENT

APPLICANT'S NAME	TYPE OF CREDENTIAL	BIRTH DATE
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The applicant named above has applied for reinstatement of his or her credential (license) to practice in the State of Wisconsin. To assist the Board in reviewing the applicant, we would appreciate your appraisal (of the applicant's proficiency) as requested below and on the back of this form.

- I know this applicant: ☐ very well ☐ well ☐ slightly ☐ not at all
- My contacts with the applicant extend from \_\_\_\_\_ to \_\_\_\_\_
- These contacts were (check all that apply):  

<input type="checkbox"/> As an associate	<input type="checkbox"/> As a student in my classes
<input type="checkbox"/> In social or community affairs	<input type="checkbox"/> In professional society activities
<input type="checkbox"/> Other (specify) _____	
- I am familiar with the applicant's work at \_\_\_\_\_  
(name of company)
- In my opinion, the applicant's personal integrity and character is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Describe the principal duties performed by the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Provide any information or knowledge that you have of this applicant that would assist the Board in determining the applicant's competency to practice in the field. Attach additional sheet if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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8. Describe related activities, such as teaching, research, construction or community services that the applicant has had. \_\_\_\_\_

9. In my opinion this applicant is qualified to be re-licensed.

☐ YES      ☐ NO

10. The above information is being submitted by:

Name (type or print)	
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
Signature	Date

Please affix seal or

Indicate where registered, type of profession  
and registration number if applicable